

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

For Official Use Only Read THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
1 File Number U - 94/8	2. Fiscal Year Covered From.	
	/ / / 1/04 Through. 1/51 / 2049	
3 Name and address of person filing. Name ANDREW ORLANDO ORLANDO ORLANDO	A Name, file number, and address of labor organization LASSACTO INTERMEDIAN AL VNION Name OF NORTH AMERICA LOCAL II Labor Organization File Number 017076	
P O Box, Bidg , Room No , If any	P O Box, Building and Room Number, if any	
Street 17891 PENMILIDGE DIVINE	Street TV891 PENNIOCE OF 175	
City BRIDGETON	City Bridge 76 N	
State	State Mo ZIP Code + 4 030 99	
5 Position in labor organization. PRESIDENT AND BUSINESS REPRESENTATIVE		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Trade Name, If any	NJA	
PO Box, Bldg , Room No , if any	7 b Amount.	
Street		
City	NA	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and ballef, true, correct, and complete (See the section on penalties in the instructions.) Signed On Date Telephone Number		

Name of Person Filing	ANDMEN	OPLANOO	File Number U-

THE THE PART WE ALL AND ENCHANGE	B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
Name Trade Name, if any PO Box Bidg, Room No, if any Street City State ZIP Code + 4 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received. 12 a Nature of interest held or income received. 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) 14 a Nature of payment. 15 c T b	Name Trade Name, if any P O. Box, Bidg , Room No , if any Street City	a. Labor Organization b. Trust	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Commerce Rink I SET 1- 4 CANDINAL RAJEBALL TICKET C # 44 = RAJEBALL TICKET C #	Name Trade Name, if any P O Box, Bidg, Room No, if any Street City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received.	
(including trade name, if any) Name Commerce RANK Trade Name, if any I SET 1: 4 CANDINAL RAJEBALL TICKETS C \$ 445 =	C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)	
State ZIP Code + 4 5516-7	(including trade name, if any) Name Comme Me Comme (If Me Comme Me Comme Me Me Comme Me Me Comme Me	I SET DE 4 CANDIMAL BAJEBALL TICKETS C \$ 44 = THESE TICKETS WERE EXCHANCED AT A MEETING IN WHICH Mr. ORLANDS WAS ADVISED ABOUT BANK C/D MATE + MATURITY AUTENNATIVES.	

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Name of Person Filing ANDIWN INION	File Number U-
B Heid an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any) Name Trade Name, if any. P.O. Box, Bldg , Room No , if any Street City ZIP Code + 4	9 Business deals with a Labor Organization b Trust c. Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Trade Name, If any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	N) A 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received N) A
	12 b Amount
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	II JOHN AN INTEREST PRESENTATIONS

City

State

LOV15

13 b Is the Business an Employer

ZIP Code + 4 57107

or Consultant

14 b Amount of payment.

260.00

B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other of an employer whose employees your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business wely seeking to represent, or lirectly to, or otherwise		
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10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Trade Name, if any P O Box, Bidg , Room No , if any Street	N) A		
	11 b Approximate dollar value of such dealing		
State ZIP Code + 4	12 a Nature of interest held or income received		
Suite Land Suite 14 Land Suite	N)A		
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment. VALUE OF MEAL AT 3-18-04		
Name LAROPENS AGE TRAINING CENTER	APPMENTICESHIP BANQUET -		
Trade Name, if any	LOCAL J3 WAS MEINESENTED		
P O Box, Bldg , Room No , if any	BY Mr. OLLANDO TO GAIN		
Street 31 0 PT NT VN) TY PO FO	APPNENTICESHIP PMGRAM		
City HIGH HILL	APPRENTICE THIS RIPER JAN		
State			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment. 4 33.89		